63-0324 MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND STATE FILE NUMBER 49 Primary Registration District No. 6 52 Registrar's No. Registration District No. _ DO NOT WRITE AMENDED 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY a. STATE Missourib. COUNTY VS 300 admission) AMENDED Jackson Randolph Rev. 4/59 c. CITY b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b Inside Limits Ö OP TOWN Yes√⊡ No 🗆 Kansas City Moberly week c. FULL NAME OF (If NOT in hospital, give location) d. STREET Inside Limits (If cutside, give location) Reside on Farm DATE HOSPITAL OR ADDRESS INSTITUTION Yes 🗆 No 🕞 Yes 🗔 No 🖂 512 Madison Ave St. Joseph 3. NAME OF DECEASED 4. DATE Middle Last · Day Year (Type or print) 10. Cecil R. Rogers DEATH August 1963 9. AGE (last birthday) IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. MarriadX□ Never Married 8. DATE OF BIRTH Months Divorced [] Widowed □ male white 62 -7-1900 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (City, and state or country) during most of working life, even if retired) USA funeral home Cario, Missouri 136. MOTHER'S MAIDEN NAME 13a, FATHER'S NAME 14. NAME OF HUSBAND OR WIFE Martie Gooding Thad Rogers Eva C. Rogers 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Gooding (Yes, no, or unknown) | (If yes, give war or dates of servi R. L. Rogers 6504 N. Harrison KCMo. ⁹5<u>73</u> 18. CAUSE OF DEATH (Enter only one cause per tine for (a), to), unto (c). PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH DOCUMENT 10 RECORD IMMEDIATE CAUSE (a) ö 0 11 Maggi NSTEAD Conditions, If any, DUE TO (b) which gave rise to above cause (a), Ξ stating the under 13 lying cause last. DUE TO (c) S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS ☐ No ☐ Unknown ☐ Yes HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in PART) or PART II of item 18.) WAS AUTOPSY 20a. ACCIDENT SUICIDE 늄 PERFORMED? YES | NO | Direc 20c. TIME OF Hour Month, Day, Year RIBBON INJURY a.m. USE BLACK INK p.m. COUNTY STATE 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK Funeral NOT WHILE AT WORK IT Sood cham *IYPEWRITER* READ 21. I attended the deceased from et. on the date stated above, and to the best of my knowledge, from the causes stated. Φ Death occurred a SHOULD 22c. DATE SIGNED ď 22b. ADDRESS Matt 22a. SIGNATURE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City, town, or county) 23b. DATE Š Moberly, Missouri ≅remova] Sunset Memorial Garden M 25. DATE RECD. BY LOCAL REG. 8-13-63 26. REGISTRAR'S SIGNATURE ITEM 24. FUNERAL DIRECTOR 673 Funeral Home Liberty.

(Licensed Embelmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

or by			, Student Embalmer No	
	ınder my pers	sonal supervision.	Par	
tudent	Sign	ature of Student Embalmer	Signed Control of the	
:	1 79,	the state of the s	Licensed Embalmer/No. 4308 P. O. Address Leberty, M	

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.